

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033200

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 569.3

Registrar's No. 47

FILED AUG 26 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebraska b. COUNTY Brown	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR May Township		c. CITY OR TOWN Johnstown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Miles Southeast of Platte City, Mo.		d. STREET ADDRESS None	
3. NAME OF DECEASED (Type or print) First James Middle Lloyd Last Peters		4. DATE OF DEATH Month August Day 13 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY U. S. Air Force	
11. BIRTHPLACE (City and state or country) Harrison, Nebr.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James L. Peters		13b. MOTHER'S MAIDEN NAME Louise Geike	
14. NAME OF HUSBAND OR WIFE Wilma Joy Peters		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. H. II	
16. SOCIAL SECURITY NO. 9		17. INFORMANT Wilma J. Peters Johnstown, Nebr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE, CRUSHED CHEST AND MULTIPLE INTERNAL INJURIES		INTERVAL BETWEEN ONSET AND DEATH INST.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accident Auto Collision	
20c. TIME OF INJURY Hour 12:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	20f. CITY, TOWN, OR LOCATION MAY TWP. PLATTE MO.
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at APPROX. 12:30 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Roland M. Liffsee, Coroner		22b. ADDRESS Platte City, Mo.	
22c. DATE SIGNED 8-14-1963		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-13-1963	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) Unknown
24. FUNERAL DIRECTOR Tommy R. Rollins Platte City, Mo.		25. DATE RECD. BY LOCAL REG. Aug 14, 1963	
26. REGISTRAR'S SIGNATURE Uphie Rollins			

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1963

SEP 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Samuel P. Rollins

Licensed Embalmer No. 5110

P. O. Address

Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT; he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.